

MATTINGLY, STANGER & MALUR, P.C.

ATTORNEYS AT LAW

1800 DIAGONAL ROAD, SUITE 370

ALEXANDRIA, VIRGINIA 22314

JOHN R. MATTINGLY*
DANIEL J. STANGER
SHRINATH MALUR*GENE W. STODOLMAN
OF COUNSELJEFFREY M. KETCHUM
Registered Patent Agent

* Bar Members Other Than Virginia

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FACSIMILE COVER LETTER

Facsimile Number: (703) 872-9311

To: Examiner J.W. Drodge
Group Art Unit 1723, USPTO

From: Mr. Daniel J. Stanger
MATTINGLY, STANGER & MALUR, P.C.

Re: USSN 10/029,260
Attorney Docket No.: H-874-02

CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the following listed documents are being facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below:

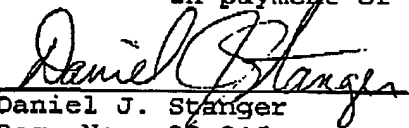
Transmittal Letter;

REPLY;

PETITION FOR EXTENSION OF TIME; and

Credit Card Payment Form in the amount of \$420.00

In payment of Two-month Extension of Time Fee.


Daniel J. Stanger
Reg. No. 32,84611/24/03
Date

Total Number of Pages (including cover sheet): 12

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FORM PTO-1083

PATENT

Case Docket No. H-874-02

In RE application of T. MATSUO et al

Serial No.: 10/029,260

Group Art Unit: 1723

Filed: December 28, 2001

Examiner: J.W. Drodge

For: METHOD OF AND APPARATUS FOR TREATING RADIOACTIVE LIQUID WASTES
CONTAINING SURFACE ACTIVE AGENTSAssistant Commissioner for Patents
Washington, D.C. 20231

Sir:

Transmitted herewith is an Amendment in the above-identified application.

☐ Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.☐ A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.☐ No additional fee is required.

The fee has been calculated as shown below:

	(COL. 1)		(COL. 2)		(COL. 3)
	Claims Remaining After Amendment		Highest No. Previously Paid For		Present Extra
Total	7	Minus	20	=	0
Indep.	1	Minus	3	=	0
<input type="checkbox"/> First Presentation of Multiple Dependent Claims					

SMALL ENTITY

Rate	Additional Fee
x 9	\$
x 42	\$
+ 140	\$
Total	\$

OR

OTHER THAN A
SMALL ENTITY

Rate	Additional Fee
x 18	\$ 0
x 84	\$ 0
+ 280	\$ 0
Total	\$ 0

OR

* If the entry in Col. 1 is less than the entry in Col. 2, write '0' in Col. 3.
 ** If the 'Highest Number Previously Paid For' IN THIS SPACE is less than 20, write '20' in this space.
 *** If the 'Highest Number Previously Paid For' IN THIS SPACE is less than 3, write '3' in this space.
 The 'Highest Number Previously Paid For' (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior Amendment or the number of claims originally filed.

☐ Please charge my Deposit Account No. 50-1417 in the amount of \$ _____.☒ **Credit Card Payment Form**☒ A check in the amount of \$ 420.00 is attached in payment of:
Two-month Extension of Time Fee☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-1417.☒ Any filing fees under 37 CFR 1.16 for the presentation of extra claims.☒ Any patent application processing fees under 37 CFR 1.17.☒ Any Extension of Time fees that are necessary, which are hereby requested if necessary.MATTINGLY, STANGER & MALUR, P.C.
1800 Diagonal Rd., Suite 370
Alexandria, Virginia 22314
(703) 684-1120By: Daniel J. Stanger
Registration No. 32,846
Attorney for Applicant(s)Date: November 24, 2003